

OMB No. 1610-0001 Expiration Date: 4/30/08

DEPARTMENT OF HOMELAND SECURITY  <b>INDIVIDUAL COMPLAINT OF EMPLOYMENT DISCRIMINATION</b> <i>(Use this form for original complaints and amendments.)</i>		FOR OFFICIAL USE ONLY  DEPARTMENT CASE NUMBER <b>HS-06-CIS-002183</b>  FILING DATE <b>10-05-06</b>
<b>PART 1 COMPLAINANT IDENTIFICATION</b>		
1. NAME (Last, First, Middle Initial) <b>Noel-Charles, Winnifred L.</b>		5. NAME AND ADDRESS OF ORGANIZATION WHERE YOU WORK (If a Department of Homeland Security Employee)  Bureau or Component <b>USCIS</b> Office and Organizational Unit <b>New York District</b> Street Address <b>26 Federal Plaza</b> City <b>New York</b> State <b>NY</b> Zip Code <b>10278-0127</b>
2. TELEPHONE/FAX (Include Area Code)  Home <b>845-226-8749</b> Fax <b>347 523 3725</b> Work <b>212-264-2912</b> Fax <b>718 590-1467</b>		6. EMPLOYMENT STATUS IN RELATION TO THIS COMPLAINT  <input type="checkbox"/> Applicant <input type="checkbox"/> Probationary <input checked="" type="checkbox"/> Career/Career Conditional <input type="checkbox"/> Uniformed Service Member <input type="checkbox"/> Former Employee/Member <input type="checkbox"/> Retired <input type="checkbox"/> Other (Specify) _____ <b>9/6/2006</b> Date Left Department Date of Retirement
3. HOME ADDRESS (You must notify the Department of any change of address while complaint is pending, or your complaint may be dismissed)  <b>123 Oak Ridge Road Hopewell Junction, NY 12533</b>		7. I certify that all statements made in this complaint are true, complete, and correct to the best of my knowledge and belief.  SIGNATURE OF COMPLAINANT OR ATTORNEY REPRESENTATIVE <b>Winnifred Noel-Charles, Attorney at Law</b>
		DATE <b>10/5/2006</b>
<b>PART II DESIGNATION OF REPRESENTATIVE</b>		
8. YOU MAY REPRESENT YOURSELF IN THIS COMPLAINT OR YOU MAY CHOOSE SOMEONE TO REPRESENT YOU. YOUR REPRESENTATIVE DOES NOT HAVE TO BE AN ATTORNEY. YOU MAY CHANGE YOUR DESIGNATION OF A REPRESENTATIVE AT A LATER DATE, BUT YOU MUST NOTIFY THE DEPARTMENT IMMEDIATELY IN WRITING OF ANY CHANGE, AND YOU MUST INCLUDE THE SAME INFORMATION REQUESTED IN THIS PART.		
I hereby designate (Please Print Name) <b>KENT ARTITUR</b> to serve as my representative during the course of this complaint. I understand that my representative is authorized to act on my behalf.		
Is the representative an attorney? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
9. REPRESENTATIVE'S MAILING ADDRESS  FIRM/ORGANIZATION <b>Yo BUKH &amp; Assoc.</b>		10. REPRESENTATIVE'S EMPLOYER (If Federal Agency)
STREET ADDRESS <b>1123 Ave Z</b>		11. REPRESENTATIVE'S TELEPHONE/FAX (Include Area Code)  Telephone <b>347 423-6036</b> Fax <b>718 376-3033</b>
CITY, STATE, & ZIP CODE <b>Brooklyn, NY 11235</b>		12a. COMPLAINANT'S SIGNATURE <b>Winnifred Noel-Charles</b>
		12b. DATE <b>10/5/2006</b>

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**PART III ALLEGED DISCRIMINATORY ACTIONS**

13. NAME OF PERSON OR DHS COMPONENT WHO TOOK THE ACTION AT ISSUE. Mary Ann Gantner, DD  
 FIRM/ORGANIZATION  
New York District  
 STREET ADDRESS  
26 Federal Plaza  
 CITY, STATE, & ZIP CODE  
New York, NY 10278-0127

14. ARE YOU WILLING TO PARTICIPATE IN MEDIATION OR OTHER AVAILABLE TYPES OF ALTERNATIVE DISPUTE RESOLUTION TO RESOLVE YOUR COMPLAINT?

YES

NO

*[ALREADY CONDUCTED WITHOUT RESOLUTION  
ON 8/25/2006]*

15. A. Describe the action taken against you that you believe was discriminatory.  
 B. Give the date when the action occurred, and the name of each person responsible for the action.  
 C. Describe how you were treated differently from other employees, applicants, or members for any of the reasons listed in Item 16.  
 D. Indicate what harm, if any, came to you in your work situation as a result of this action. (You may, but are not required to, attach extra sheets.)  
 E. If the basis of your complaint is parental status, sexual orientation, or protected genetic information, use this form, but your complaint is not statutorily based and will follow a separate, parallel process.

**SEE ATTACHMENT**

16. Mark below ONLY the bases you believe were relied on to take the actions described in Item 15.

RACE

AGE (Date of Birth)

COLOR

PHYSICAL OR MENTAL DISABILITY (Describe)

RELIGION

RETALIATION/REPRISAL (Dates of Prior EEO Activity)

NATIONAL ORIGIN (Specify)

SEXUAL ORIENTATION

SEX (Specify)

PARENTAL STATUS

PROTECTED GENETIC INFORMATION

17. WHAT REMEDIAL OR CORRECTIVE ACTION ARE YOU SEEKING TO RESOLVE THIS MATTER

*FORMS OF RELIEF*

COMPENSATION (MONETARY), ATTORNEY'S FEES, AND ANY OTHER APPROPRIATE,

18. ON THIS SAME MATTER, HAVE YOU FILED A GRIEVANCE OR APPEAL UNDER:

Negotiated grievance procedure

YES

NO

Agency grievance procedure

YES

NO

Merit Systems Protection Board appeal procedure

YES

NO

If you filed a grievance or appeal, provide date filed, case number, and present status.

**PART IV CONTACT**

EEO/EO Counseling is not required if you are requesting amendment of an existing, open complaint.  
 Complete items 24 and 25, even if you did not contact a counselor.

19. DATE YOU CONTACTED AN EEO COUNSELOR  
June 26, 2006

20. NAME AND TELEPHONE NUMBER OF EEO COUNSELOR

Name Ramona S Hill - ADR Phone 802-872-4508

21. DID YOU DISCUSS ALL ACTIONS RAISED IN ITEM 15 WITH AN EEO COUNSELOR? (If NO, explain on attached sheet)

YES

NO

22. DATE YOU RECEIVED YOUR "NOTICE OF RIGHT TO FILE"

9/27/06

23. IF YOU ARE REQUESTING AMENDMENT OF AN EXISTING, OPEN, FORMAL COMPLAINT (OR PROVIDING ADDITIONAL EVIDENCE). INDICATE THE COMPLAINT CASE NUMBER OF THAT COMPLAINT.

24. DATE OF MOST RECENT DISCRIMINATORY EVENT  
JANUARY 2006

25. DATE YOU FIRST BECAME AWARE OF THE ALLEGED DISCRIMINATION

06/06/2006

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DHS Form 3090-1/ Attachment [Winnifred Noel-Charles]

Question 15:

A: Discriminatory action taken against me is non-selection for promotion to Supervisory District Adjudications Officer on 3 separate occasions, announcements # FS-330054, CIS-101146, and CIS-103847, despite superior qualifications (education and experience).

B: Dates of discriminatory action taken by Mary Ann Gantner, District Director of New York, and her subordinates involved in the hiring and recommendation process are as follows:

1. FS- 330054- non selection on or about May 2005;
2. CIS- 101146- non selection on or about January 2006;
3. CIS- 103847- non selection on or about January 2006.

C: I was treated differently on the basis of race and nationality (Black Trinidadian) and not selected for promotions despite scoring in the top percentile on all announcements I applied for. Furthermore, the candidates selected either scored less than I did, had less experience, and/or were taken off non-traditional hiring list as opposed to merit-eligible lists.

D: The harm I've suffered due to this discriminatory promotion hiring practice is economic in nature, as well as a prevention of my gaining supervisory experience, which in turn affected my ability to apply for further promotions within the Service.

Winnifred Noel-Charles  
123 Oak Ridge Road  
Hopewell Junction  
New York, 12533  
347 528-3725

Department of Homeland Security  
EEO Complaints Program Mgmt Office  
Twin Cities  
Federal Building, Room G-56C  
1 Federal Drive  
Ft. Snelling, MN 55111  
Attn: **Judy S. Maltby, Chief**

October 5, 2006

RE: DHS Form 3090-1

Total # of pages faxed (including cover sheet) - 4

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